

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Matthew E Cave QN9410

Full Name of Plaintiff

Inmate Number

v.

Dauphin County Prison

Name of Defendant 1

Name of Defendant 2

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

: Civil No. _____

: (to be filled in by the Clerk's Office)

: Demand for Jury Trial

: No Jury Trial Demand

FILED
HARRISBURG, PA

MAR 22 2024


DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1333, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Dauphin County Cave Matthew E

Name (Last, First, MI)

Q N 9410

Inmate Number

SCI Camp Hill

Place of Confinement

Po Box 8837

Address

CAMP HILL PA 17001

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Dauphin County Prison

Name (Last, First)

Current Job Title

501 Main Road

Current Work Address

Harrisburg PA 17111-1299

City, County, State, Zip Code

Defendant 2:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

ON 3-21-22 - and 3-22-22 In The Dauphin County
Prison Kitchen

B. On what date did the events giving rise to your claim(s) occur?

3-21-22 and 3-22-22

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was working In The Dauphin county Prison Kitchen
On 3-21-22 my job was To wash dishes I was useing
The Dish machine when I seen it was Broken
I reported it To kitchen supervisor who then ordered
me To continue To use The Broken machine The next
day while useing The Broken machine I malfunctioned
and sprayed The Lye detergent in my Left eye
The Lye gave me inflammatory Glaucoma I
am Biind in my left eye I Have Had Two
Sugerys at UPMC Pittsburgh am Have To Have
One again I filed a Grievance about This
and Have Tryed To get The Dauphin County
Prison TO Let me exhaust I have written 5 Letters
I Have (cc) of The original They keep draging
Their feet and not returning The Grievance

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

I, CRUEL AND UNUSUAL PUNISHMENT. THE DAUPHIN COUNTY STAFF VIOLATE THE EIGHTH AMENDMENT WHEN THAY ACT WITH DELIBERATE INDIFFERENCE THAT EXPOSES ME TO AN UNREASONABLE RISK OF SERIOUS HARM BY KNOWING THAT THE DISH MACHING WAS BROKEN AND THAT THE DETERGENT WAS PANGEROUS AND ORDERING ME TO USE THE MACHINE ANY WAY NOW I HAVE HAD TWO SURGERYS AND NEED ANOTHER ONE AND AM BLIND IN MY LEFT EYE.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

INFLAMMATORY GLAUCOMA DUE TO CHEMICAL INJURY AND I AM BLIND IN MY LEFT EYE AND GET REALLY BAD

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I SEEK MONETARY RELIEF OR DAMAGES PAIN AND SUFFERING LOST WAGES AND MENTAL SUFFERING

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Muthree E. Dev

Signature of Plaintiff

3-8-24

Date



United States District Court
Middle District of Pennsylvania
Sylvia H Rambo US Courthouse
1501 North 6th Street Suite 101
Harrisburg PA 17102

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PER [Signature]
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